

Washington State Adolescent Needs Assessment Report

February 2006

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This report is supported in part by the State Systems Initiative (SSDI) grant (H18MC00054) through the Department of Health and Human Services.

Suggested Citation: Washington State Department of Health. Washington State Adolescent Needs Assessment Report. Olympia, WA. 2006 February. Available at:
http://www.doh.wa.gov/cfh/mch/mch_assesshome.htm

NOTICE: This report was published on February 1, 2006. The internet links and other resources were current as of that date. This archived Web version of the report is provided for reference only; the internet links are not updated.

Acknowledgements

We would like to acknowledge the Steering Committee for the Washington State Partnership for Youth (WSPY) for their guidance in the development of this Adolescent Needs Assessment Report.

WSPY Steering Committee Members:

<i>Name</i>	<i>Organization</i>
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Pam Tollefsen	OSPI
Tara Wolff	Washington State Board of Health

See individual sections of the report for additional acknowledgments.

Adolescent Needs Assessment Background

The Washington State Adolescent Needs Assessment was developed to provide information to be used for planning efforts of the Washington State Partnership for Youth (WSPY). WSPY was established in late 2003, and has statewide representation that includes organizations, groups, agencies, and individuals that serve adolescents. WSPY aims to develop a statewide adolescent health plan for Washington State by 2006. The goal of the plan is to impact resources and services that support teens becoming healthy and successful.

This Needs Assessment report was developed to provide baseline state level information for WSPY on the issues affecting Washington's youth. The information included here are not comprehensive but rather provide a picture of adolescents in Washington State. It is intended to be a companion data document for the final WSPY plan. The target audience is professionals who work with adolescents.

WSPY identified the following questions as key to the Needs Assessment and the WSPY state plan:

*What makes healthy and successful teens?
What is currently available to teens to help them be healthy and successful?
What needs to be available to help teens be healthy and successful?*

Adolescents are defined here as individuals ages 12-19 years old. When possible, data are presented for ages 12-19, but many data are not readily available by this specific age group. The objectives of the Washington State Adolescent Needs Assessment are to:

- Create a profile of the adolescents living in Washington.
- Describe the current status of adolescent health.
- Identify gaps and barriers to health.

Definition of Health¹

“Health is an optimal state of well being in all areas of life – physical, emotional, social and spiritual. By using this broad definition of health, adolescents are healthy when they:

- 1) engage in healthy behaviors that contribute to a healthy lifestyle;
- 2) have the capacity to thrive in spite of stressors in life (resiliency);
- 3) successfully engage in the developmental tasks of adolescence; and
- 4) experience a sense of wholeness and well-being.”

Factors That Affect the Health of Adolescents¹

“The health of adolescents is affected by a complex interplay of factors between the young person and their social environment. Their health is shaped by parents and families, peers, neighborhoods and communities, schools, community organizations, faith communities, health care systems, media, employers, and social norms, policies and laws. These factors impact young peoples' sense of health and well-being by affecting their capacity to withstand life stressors, their ability to

¹ Excerpted with permission from Kristin Teipel from the report: Being, Belonging, Becoming: Minnesota's Adolescent Health Action Plan. Minnesota Department of Health. 2002. Available at: <http://www.health.state.mn.us/divs/ft/mch/adolescent/exec-summ/exec-summ.html>

transition in developmentally appropriate ways, and their ability to make decisions about health behaviors.”

There are a multitude of factors, both positive and negative, that influence the health and well-being of adolescents. Risk factors are elements of individuals, families, and communities that make them more vulnerable to ill health and injury. Protective factors have a positive influence and moderate against the likelihood of disease, injury, or disability. The presence of multiple risk factors predicts an increased likelihood of a poor outcome or a decreased likelihood of successful adolescent development, while the presence of protective factors helps to buffer the effect of risk factors and increase resilience.

“There are a small number of behaviors that negatively affect the health of adolescents. An estimated 70% of adolescent death and illness are caused by six categories of risk behavior, listed in the table below.”

- Behaviors that result in unintentional and intentional injury (including violence and suicidal behaviors)
- Alcohol and Other Drug Abuse
- Tobacco Use
- Sexual Behaviors that result in unintended pregnancy, HIV infection and other sexually transmitted infections
- Unhealthy Dietary Behaviors
- Inadequate Physical Activity

The Washington Adolescent Needs Assessment report includes the following three Sections:

- 1. Data Summary:** This section includes highlights of major health and behavior issues for adolescents in Washington State. The data are organized into 9 main focus areas, based upon the recommendation of the WSPY Steering Committee. The information is presented using a common format when possible to allow for easier comparison across issues. The Data Summary also highlights the 21 National Critical Health Objectives for Adolescents and Young Adults developed by Healthy People 2010 (see page vi for list of 21 Objectives).

Focus Areas:
Demographics and Access
School achievement and climate
Nutrition and Physical Activity
Drugs, Alcohol and Tobacco
Injury and Violence
Oral Health
Sexual Health
Mental Health
Environmental Health

- 2. Services for the Adolescent Population:** This section describes several social, medical and preventive health services targeted for pregnant women, infants, children and/or adolescents in Washington. Each chapter addresses what the service is, how or where it is provided, who is eligible for the service, who is receiving the service, and what issues or concerns exist regarding the service. This section is excerpted from the Washington State Maternal and Child Health Data and Services Report, January 2006 published by the Washington State Department of Health. When possible, data on services for adolescents are included.
- 3. Findings from Washington Adolescent Focus Groups:** The final section includes qualitative data gathered from three sets of focus groups with adolescents, parents, and individuals who work with teens. Each focus group addressed one of the following questions:
 - 1) defining a what makes a healthy and successful teen;
 - 2) identifying strategies for impacting abstinence education through a media campaign;
 - 3) how to promote adolescent health.

For more detailed information on the Needs Assessment process, data sources, and technical notes see the Appendices.

The 21 Critical Health Objectives, which were developed as part of the national Healthy People 2010 project, represent the most serious health and safety issues facing adolescents and young adults (ages 10 to 24 years): mortality, unintentional injury, violence, substance abuse and mental health, reproductive health, and the prevention of chronic diseases during adulthood.

HP 2010 Obj. #	Objective	National Baseline (year)	2010 Target	WA Data
16-03.	Reduce deaths of adolescents and young adults. ² 10-to 14-year-olds 15-to 19-year-olds 20-to 24-year-olds	21.5 per 100,000 (1998) 69.5 per 100,000 (1998) 92.7 per 100,000 (1998)	(per 100,000) 16.8 39.8 49.0	16.3 53.7 76.5
Unintentional Injury				
15-15.	Reduce deaths caused by motor vehicle crashes. 15- to 24-year-olds	25.6 per 100,000 (1999)	[1]	18.8
26-01.	Reduce deaths and injuries caused by alcohol- and drug-related motor vehicle crashes. 15- to 24-year-olds ³	13.5 per 100,000 (1998)	[1]	19.4 ³
15-19.	Increase use of safety belts. 9 th –12 th grade students ⁴	84.0% (1999)	92.0%	8 th -91.7% 10 th -92.8% 12 th -93.9%
26-06.	Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol. 9 th –12 th grade students	33.0% (1999)	30.0%	8 th -18.5% 10 th -23.9% 12 th -24.5%
Violence				
18-01.	Reduce the suicide rate. 10-to 14-year-olds 15-to 19-year-olds	1.2 per 100,000 (1999) 8.0 per 100,000 (1999)	[1] [1]	1.3 9.6
18-02.	Reduce the rate of suicide attempts by adolescents that required medical attention. 9 th – 12 th grade students	2.6% (1999)	1.0%	8 th -2.7% 10 th -3.1% 12 th -3.1%
15-32.	Reduce homicides. 10-to 14-year-olds 15-to 19-year-olds	1.2 per 100,000 (1999) 10.4 per 100,000 (1999)	[1] [1]	0.9 4.8
15-38.	Reduce physical fighting among adolescents. 9 th –12 th grade students	36.0% (1999)	32.0%	8 th -35.7% 10 th -28.1% 12 th -20.8%
15-39.	Reduce weapon carrying by adolescents on school property. 9 th –12 th grade students	6.9% (1999)	4.9%	8 th -5.4% 10 th -6.9% 12 th -7.7%
Substance Abuse and Mental Health				
26-11.	Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. 12- to 17-year-olds	7.7% (1998)	2.0%	8 th -10.2% 10 th -18.7% 12 th -25.8%

² Data Source: Washington State Department of Health, Center for Health Statistics, 2003; Generated by VISTAPhW

³ Includes Deaths Only. Data Source: Washington Traffic Safety Commission , FARS Database and Population Data from VISTAPhW (2003 Data)

⁴ Data Source: Washington State Healthy Youth Survey 2004

26-10.	Reduce past-month use of illicit substances (marijuana). 12- to 17-year-olds	8.3% (1998)	0.7%	8th-9.2% 10 th -17.1% 12 th -19.5%
Obj. #	Objective	Baseline (year)	2010 Target	WA Data
06-02.	Reduce the proportion of children and adolescents <u>with disabilities</u> who are reported to be sad, unhappy, or depressed. 4- to 17-year-olds	[2]	[2]	8th-48.1% 10 th -51.7% 12 th -49.4%
18-07.	(Developmental) Increase the proportion of children with mental health problems who receive treatment.	59.0% (2001)	66.0%	Data not available
Reproductive Health				
09-07.	Reduce pregnancies among adolescent females. 15- to 17-year-olds	68.0 per 1,000 females (1996)	43.0 per 1,000	28.7 per 1,000
13-05.	(Developmental) Reduce the number of new cases of HIV/AIDS diagnosed among adolescents and adults. 13- to 24-year-olds	16,479 (1998) [4]	[3]	~ 7-10 WA youth ages 13-19 diagnosed with HIV or AIDS each yr.
25-01.	Reduce the proportion of adolescents and young adults with <i>Chlamydia trachomatis</i> infections. 15- to 24-year-olds			
	Females attending family planning clinics	5.0% (1997)	3.0%	Data not available
	Females attending sexually transmitted disease clinics	12.2% (1997)	3.0%	Data not available
	Males attending sexually transmitted disease clinics	15.7% (1997)	3.0%	Data not available
25-11.	Increase the proportion of adolescents (9 th –12 th grade students) who: Have never had sexual intercourse	50.0% (1999)	56.0%	Data not available
	If sexually experienced, are not currently sexually active	27.0% (1999)	30.0%	Data not available
	If currently sexually active, used a condom the last time they had sexual intercourse	58.0% (1999)	65.0%	Data not available
Chronic Diseases				
27-02. (a)	Reduce tobacco use by adolescents. 9 th –12 th grade students ⁴	40.0% (1999)	21.0%	8th-7.8% 10 th -13.0% 12 th -19.7%
19-03. (b)	Reduce the proportion of children and adolescents who are overweight or obese. 12- to 19-year-olds ⁴	11.0% (1988-94)	5.0%	8th-10.1% 10 th -10.0% 12 th -10.1%
22-07.	Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion. 9 th –12 th grade students ⁴	65.0% (1999)	85.0%	8th-77.1% 10 th -69.6% 12 th -60.8%

Note: Critical health outcomes are underlined, and behaviors that substantially contribute to important health outcomes are in normal font.

[1] 2010 target not provided for adolescent/young adult age group.

[2] Baseline and target inclusive of age groups outside of adolescent/young adult age parameters.

[3] Developmental objective – baseline and 2010 target to be provided by 2005.

[4] Proposed baseline is shown but has not yet been approved by the *Healthy People 2010* Steering Committee.



Source: U.S. Department of Health and Human Services. *Healthy People 2010*. Volumes 1 and 2. Washington, DC: U.S. Government Printing Office, November 2000. This information can also be accessed at <http://wonder.cdc.gov/data2010/>.